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Bib Data Sheet

CONFIRMATION NO. 2080

|                             |                                       |              |                        |                               |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER<br>10/734,152 | FILING DATE<br>12/15/2003<br><br>RULE | CLASS<br>702 | GROUP ART UNIT<br>2863 | ATTORNEY DOCKET NO.<br>114673 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/439,026 01/10/2003

FL

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2004

|   |                                       |                         |                       |                            |
|---|---------------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>UNITED KINGDOM | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>14 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                       |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials <i>FL</i>  |                                       |                         |                       |                            |

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## TITLE

Bearing anomaly detection and location

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>986 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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